



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083600001

CITY OR TOWN NORTH BROOKFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NO.BROOKFIELD SPORTSMEN'S CLUB INC.

DOING BUSINESS A

ADDRESS 20 BOYNTON RD.

CITY/TOWN: NORTH BROOKFIELD STATE: MA ZIP CODE: 01535

MANAGER: courchaine, phillip TYPE OF LICENSE: Club CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN FLOOR CONTAINS KITCHEN, RESTROOMS AND MAIN HALL. CELLAR CONTAINS
BOILER ROOM AND DINING ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083600002

CITY OR TOWN NORTH BROOKFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHOOCH'S, INC.

DOING BUSINESS AS CHOOCH'S FOOD AND SPIRITS

ADDRESS 31 EAST BROOKFIELD ROAD

CITY/TOWN: NORTH BROOKFIELD STATE: MA ZIP CODE: 01535

MANAGER: GIANFRIDDO, SUSAN J. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY FRAME BLDG. WITH TWO SEPARATE ENTRANCES/ EXITS. TWO ROOMS AND BACK ROOM FOR STORAGE. OUTSIDE RECREATION AREA APPROX 100X200 SQ FT

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083600004

CITY OR TOWN NORTH BROOKFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STILL HART'S, INC.

DOING BUSINESS AS STILL HARTS

ADDRESS 47 FOREST ST.

CITY/TOWN: NORTH BROOKFIELD STATE: MA ZIP CODE: 01535

MANAGER: DOROS, STEPHEN TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR, TWO FRONT ENTRANCES, ROOM IN BASEMENT, ATTIC FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083600005

CITY OR TOWN NORTH BROOKFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STARS AND STRIPES, INC

DOING BUSINESS AS

ADDRESS 11 MAPLE ST.

CITY/TOWN: NORTH BROOKFIELD STATE: MA ZIP CODE: 01535

MANAGER: Eccleston, Jon C TYPE OF LICENSE: General on
premise CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CORNER OF MAPLE & MAIN STREETS. FIRST FLOOR: LOUNGE, BAR & KITCHEN. SECOND
FLOOR: OFFICE, BAR AND HALL. CELLAR USED FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083600010

CITY OR TOWN NORTH BROOKFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ST. JEANS COUNTRY PACKAGE STORE, INC.

DOING BUSINESS AS

ADDRESS 221 MAIN ST

CITY/TOWN: NORTH BROOKFIELD STATE: MA ZIP CODE: 01535

MANAGER: ST. JEAN, STEVEN TYPE OF LICENSE: Package Store CATEGORY: All Alcohol M.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WITH MAIN ENTRANCE ON MAIN STREET. BASEMENT FOR STORAGE WITH ENTRANCE IN REAR.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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LICENSE NUMBER: 083600012

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APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TRACEY A. BUTLER

DOING BUSINESS AS BOB'S DELI & VARIETY

ADDRESS 39 GROVE STREET

CITY/TOWN: NORTH BROOKFIELD STATE: MA ZIP CODE: 01535

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STORAGE AREA, BACKROOM AREA AND BATHROOM WITH FRONT AND REAR
ENTRANCE/EXIT.

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LICENSE NUMBER: 083600015

CITY OR TOWN NORTH BROOKFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AMERICAN LEGION, POST #41

DOING BUSINESS A

ADDRESS 163 NO. MAIN STREET

CITY/TOWN: NORTH BROOKFIELD STATE: MA ZIP CODE: 01535

MANAGER: MAXSON, MICHAEL R. TYPE OF LICENSE: Club CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS IN BASEMENT OF BUILDING WITH TWO RESTROOMS. ENTRANCE/EXITS ON THE NORTH SIDE, ONE ON THE SOUTH SIDE AND ONE ON THE EAST SIDE.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083600021

CITY OR TOWN NORTH BROOKFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THOMAS F. WAUGH

DOING BUSINESS AS STATZ SPORTS PUB & GRILL

ADDRESS 341 NORTH MAIN STREET

CITY/TOWN: NORTH BROOKFIELD STATE: MA ZIP CODE: 01535

MANAGER: WAUGHT, THOMAS F. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

49X 52 SINGLE LEVEL BUILDING WITH ATTACHED 20 X 30 DECK IN REAR 2 RESTROOMS, KITCHEN DINING AREA & BAR.

I hereby certify and swear under penalties of perjury that:

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